

# IRON WORKERS MID-AMERICA PENSION PLAN

## PENSION ESTIMATE REQUEST

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This form is used to request a written pension estimate as of a future date of retirement. Please clearly print all the requested information. The pension estimate will be based only on the hours received by the Fund Office as of the current date unless you request we project future hours as discussed below.

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

First Name

Middle Initial

Last Name

Address: \_\_\_\_\_

Street Address

Apt. No.

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_

Local Union: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Assumed Date of Retirement: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

If you would like your pension estimate to include an estimate of future hours worked up to your assumed date of retirement, indicate the number of future hours worked per month: \_\_\_\_\_

Other Comments: \_\_\_\_\_

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I am requesting that Iron Workers Mid-America Pension Plan provide me with an *estimate* of my monthly pension benefit.

I understand this is only an *estimate* and that the actual benefit amount will be calculated when a Pension Application is completed and processed by the Fund Office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_